



STATE OF MAINE
BOARD OF DENTAL PRACTICE

REPLACEMENT LICENSE REQUEST

LICENSEE INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
· HAS YOUR NAME CHANGED? YES NO			
IF YES, NAME AS IT APPEARS ON LICENSE: FIRST MIDDLE INITIAL LAST			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
· HAS THIS ADDRESS CHANGED FROM YOUR CURRENT LICENSE? YES NO			
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Maine Board of Dental Practice
Replacement License Request
Required Fees: \$15.00 (Non-Refundable)

\$15.00 per license

License Number:

Office Use Only:

2620 - \$15.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

License # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print name on card)

I authorize the Board of Dental Practice to charge my

☐ VISA ☐ M/C ☐ Discover ☐ AMEX

the following amount: \$ _____

Card number:

Expiration Date /

SIGNATURE

DATE

STATE OF MAINE
BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 **Courier/Delivery address:** 161 Capitol Street, Augusta, Maine 04330 Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine relay 711 web: www.maine.gov/dental

FREQUENTLY ASKED QUESTIONS:

- **Where do I send my request?** Our mailing address is 143 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Augusta to drop off my request?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process a request?** Replacement License Requests are processed within 7-10 business days of being received.
- **When will I get my new license?** Licenses are printed offsite, you will receive your new license within 2 weeks after processing.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.